

attended the treatment of the ureter. The restoration of permeability of the canal, which was accomplished by the bougie and assisted by the fixation of the sac in the loin, seems to have endured for a sufficient time since operation (seven months) to lead to the hope that it may prove permanent.

Tuffier is reported as having cured nine cases of intermittent hydronephrosis by fixation of the movable kidney in its normal position. The action of the bougie is explained as removing the various curves of the ureter while the pelvis is contracting and pulling it into shape. In addition, a moderate amount of inflammation is set up in the walls of the ureter which stiffens it and attaches it to the adjacent parts, which tends to retain its natural position.

Fashion in Antiseptics.—DUNN (*Med. Press and Circular*, May 5, 1897) points out the fact that although the antiseptics used at present produce gratifying and satisfactory results, they all have their disadvantages, and none of them are universally applicable. The fashion in antiseptics changes and should change until the surgeon meets with the ideal antiseptic. This the author describes as one which could be used in its various forms for every purpose, effectually, perfectly, and without causing in any way deleterious effects either to the surgeon or the patient.

The results obtained by Röhrer, Kossmann, Bimmermann, Ostermann, and others, in extended trials with the antiseptic chinolol led the author to test its properties, and the result has been very gratifying. The claims for the drug are that it is: (1) non-caustic; (2) non-toxic; (3) very diffusible; (4) a powerful deodorizer; (5) non-hygroscopic; and (6) that it does not coagulate albumin. The author's experience with it justifies these claims. Its great advantage, he thinks, is that it can be used for everything as an antiseptic. It meets the difficulty of strong solutions of carbolic acid, because it does not injure the skin of the hands; in a double sense it is superior to the perchloride, because (1) it does not harm the instruments, and (2) does not coagulate albumin. It is a perfect antiseptic powder and combines with boric acid. It is a powerful antiseptic, destroying virulent germs in 1 to 10,000 solutions.

A New Operation for Extroversion of the Bladder.—HARRISON (*Medical Press and Circular*, April 28, 1897) describes an operation which he employed for the relief of a distressing condition resulting from an extroversion of the bladder in a boy fifteen years of age. The patient's thighs and body were excoriated by the urine, while the surface of the exposed bladder-wall was tender and liable to bleed on the slightest touch.

The first step was the removal of the left kidney by nephrectomy. After a lapse of eleven months, when the patient had fully recovered from this operation, a bougie was inserted into the remaining ureter; it was then found by dissection through the lumbar region at the level of the iliac crest. After ligation it was resected and the proximal end brought out through and stitched to the edge of the wound.

The urine now flowed out at this point, and the exposed mucous surface of the bladder was dressed with an antiseptic sedative ointment. It was noted that during the transplanting of the ureter retching and attempts to vomit

became continuous. The patient also vomited at frequent intervals for twenty-four hours, when the vomiting ceased after the removal of the suture which united the ureter to the wound. The change in the mode of urination was of great benefit to the patient. The urine was of a different character, and did not excoriate as it did after passing over the exposed mucous surface of the bladder. His general condition was also much improved.

OTOLOGY.

UNDER THE CHARGE OF

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Foreign Bodies in the Ear.—PREOBRASENSKY thus summarizes the teachings of the literature on the subject of foreign bodies in the ear (*Wiener klin. Rundschau*, 1896, Nos. 33-36): 1. An unskilled person should never attempt the instrumental extraction of a foreign body. 2. Foreign bodies reach the middle ear almost exclusively as the result of inexperienced attempts at extraction. 3. The foreign body usually does less harm than endeavors at its extraction by an inexperienced hand. 4. The changes produced by the presence of a foreign body in the ear cannot be estimated by the length of time it has lodged there. 5. The injection of warm water is an infallible means of securing the evacuation of any foreign body from the ear. Irrigation with alcohol will prevent swelling of vegetable matter. [The ear may be syringed with alcohol instead of water, in some cases, in order to prevent swelling of a vegetable substance.—Rep.] 6. There is no indication for hasty removal of foreign bodies which give rise to no troublesome symptoms. 7. The inflammation caused by necrosis from unskilled attempts at extraction may be met by expectant treatment as long as no dangerous symptoms are present. 8. The choice of an operation depends mainly on the condition of the external auditory meatus. As to living objects, insects are easily killed by water or oil, and may then be washed away, the only exception being larvæ, which are rendered more lively by water, and cling too firmly to the tissues of the ear to be syringed from their position. [A drop or two of chloroform or ether will promptly kill larvæ in the ear. They can then be removed by forceps, but only by an expert.—Rep.]

Facial Paralysis of Otitic Origin.—A. CARTAZ points out two ways in which facial palsy may be produced by inflammation in the drum-cavity (*Archives Internationales de Laryngology*, 1896). The first cause named is compression of the nerve, by exudation, hyperæmia, or swelling of the mucous membrane in the tympanic space. The second is by neuritis by infection from the inflammation in the drum, and is the more frequent cause of facial palsy. He presents two illustrative cases; the palsy in the cases due to compression being promptly relieved by paracentesis of the membrana and an